

**United States Bankruptcy Court
District of Idaho**

Chapter 7

BANKRUPTCY CASE NUMBER:00-2506

IN RE: DARRELL STULTZ, JR

SSN (DEBTOR):533-08-1392

SSN (JOINT DEBTOR):

EMPLOYER TAX ID NUMBER:

U.S. COURTS

02 FEB 20 AM 9:41

REC'D _____ FILED _____
CAMERON S. BURKE,
CLERK, IDAHO

**NOTICE OF NEED TO FILE PROOF OF CLAIM
DUE TO RECOVERY OF ASSETS**

NOTICE IS GIVEN THAT:

The initial notice in this case instructed creditors that it was not necessary to file a proof of claim. Since that notice was sent, assets have been recovered by the trustee.

Creditors who wish to share in any distribution of funds must file a proof of claim with the Clerk of the Bankruptcy Court at the address below on or before 90 days from the date of this notice.

Creditors who do not file a proof of claim on or before this date will not share in any distribution from the debtor's estate.

The proof of claim form is enclosed with this notice. It may be filed by regular mail. If you wish to receive proof of its receipt by the Bankruptcy Court, enclose a copy of the claim (along with the original), and a stamped, self-addressed envelope.

There is no fee for filing the proof of claim.

Any creditor who has previously filed a proof of claim in this case need not file another claim.

Cameron S. Burke
Clerk of the Bankruptcy Court

DATED: 2/15/02

Address of the Bankruptcy Court:

U.S. Bankruptcy Court
550 West Fort St MSC 042
Boise, ID 83724

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United States Bankruptcy Court
District of Idaho

Complete this form and mail to: **U.S. Bankruptcy Court 550 W. Fort St. Boise, ID 83724**

PROOF OF CLAIM
THIS SPACE IS FOR COURT USE ONLY

Name of Debtor: Darrell Stultz, JR

Case Number: 00-2506

Chapter:

Trustee: Richard Crawforth

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to U.S.C. §503

Name and Address of Creditor

(The person or other entity to whom the debtor owes money or property):

Telephone number:

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope.

Account or other number by which identifies debtor:

Check here if this claim: ☐ Replaces ☐ Amends a previously filed claim dated:

- 1. Basis for Claim** ☐ Goods Sold ☐ Services Performed ☐ Money Loaned ☐ Personal Injury/Wrongful Death ☐ 1
- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a) ☐ Other (please describe):
- ☐ Wages, Salaries and compensation: Your Social Security Number: _____ (date) to _____ (date)
- ☐ Unpaid Compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred:

3. If court Judgment, date obtained:

4. SECURED CLAIM

- ☐ Check box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other _____

Value of Collateral \$ _____

Amount of arrearage and other charges at time the case was filed included in secured claim, if any: \$ _____

5. UNSECURED PRIORITY CLAIM

- ☐ Check box if you have an unsecured priority claim

Amount entitled to priority \$ _____

SPECIFY PRIORITY OF CLAIM:

- ☐ Wages, Salaries, or commissions (up to \$4650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. (11 U.S.C. § 507 (a)(3))

- ☐ Contributions to an employee benefit plan (11 U.S.C. § 507 (a)(4))

- ☐ Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family or household use (11 U.S.C. § 507 (a)(6))

- ☐ Alimony, maintenance, or support owed to a spouse, former spouse or child (11 U.S.C. § 507 (a)(7))

- ☐ Taxes or penalties owed to governmental units (11 U.S.C. § 507 (a)(8))

- ☐ Other - Specify applicable paragraph of (11 U.S.C. § 507 (a)(____))

**Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

6. TOTAL AMOUNT OF CLAIM AT TIME CASE WAS FILED

UNSECURED \$ _____ SECURED \$ _____

PRIORITY \$ _____ TOTAL \$ _____

- ☐ Check box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. **DO NOT SEND ORIGINAL DOCUMENTS** If the documents are not available, please explain. If the documents are voluminous, attach a summary.

9. Date Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

DATE

Sign and print the name and title, if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 year, or both. 18 U.S.C. §152 and §3571